

Delayed Deposit Services Business License Biographical Questionnaire

Nebraska Department of Banking and Finance

<http://www.ndbf.org/>

Commerce Court
1230 "O" Street, Suite 400
PO Box 95006
Lincoln, NE 68509-5006
402-471-2171

All answers must be typewritten or legibly printed. A biographical form must be completed for each person, as defined by Question #19 of the *Delayed Deposit Services Business License Application* form or Question #16 of the *Delayed Deposit Services Renewal License Application*. **All questions must be answered.** Incomplete questionnaires will be returned to the Applicant. If additional space is needed on any question(s), please attach extra sheets and reference them accordingly.

(1) Applicant's Name: (First, Middle, Last)	(2) Date of Birth: (MM/DD/YYYY)
(3) Place of Birth: (City, State, Country)	(4) Social Security Number
(5) Work & Home Telephone Numbers (Area code + number)	(6) Occupation or Profession:
(7) Complete Business Address:	(8) Complete Home Address:

9. Complete a *Financial Statement* and attach it to this application.
10. Attach a sheet giving a detailed statement of your work experience for the past ten (10) years. Information must include dates of employment, name and addresses of employer, position held, responsibilities and reason(s) for leaving.
11. Are you currently or have you ever been involved with a Delayed Deposit Services Business or related business prior to this application in either this or any other state or jurisdiction? ☐ Yes ☐ No

If "yes", please briefly describe the involvement, including names, addresses, and if no longer involved, the reason(s) why you are no longer involved (use additional sheet if necessary).

For use by the Department of Banking and Finance only:

Reviewed by: _____

Date: _____

12. Have you ever been involved with a Delayed Deposit Services Business or related business in any state(s) or jurisdiction which has had its authority to do business revoked or suspended by a state or federal regulatory or law enforcement agency? ☐ Yes ☐ No

If "yes", give full details (use additional sheet if necessary).

13. Have you ever been involved with a Delayed Deposit Services Business or related business that has been dissolved voluntarily or involuntarily? ☐ Yes ☐ No

If "yes", give full details.

14. (a) Have you ever been subject to a federal or state administrative investigation or order? ☐ Yes ☐ No
- (b) Do you have any administrative investigations or orders pending? ☐ Yes ☐ No

If "yes", give full details.

15. Have you ever been subject to a formal action by any federal or state regulatory agency? ☐ Yes ☐ No

If "yes", give full details.

16. Have you ever been convicted of a misdemeanor involving a Delayed Deposit Services Business or any related business? ☐ Yes ☐ No

If "yes", give full details.

17. Have you ever been convicted of a felony? ☐ Yes ☐ No
If "yes" give full details (use additional sheet if necessary).

Court: (County, State, Country)

Title of case and docket number:

Disposition - date and details:

18. Have you ever been involved in a civil suit or litigation involving a Delayed Deposit Services Business or any related business? ☐ Yes ☐ No

If "yes", give full details, including disposition and date (use additional sheet if necessary).

19. Have you ever filed personal bankruptcy? ☐ Yes ☐ No

If "yes", give full details (use additional sheet if necessary).

20. How much time do you expect to devote to the daily operations of this Delayed Deposit Services Business?

I REPRESENT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date

Signature

Typed Name and Title

Business Name

ACKNOWLEDGMENT

State of: _____

County of: _____

On this _____ day of _____, 20 _____, personally appeared before me _____
_____ whose identity is personally known to me, or proved to me on the basis
of satisfactory evidence, and acknowledged that he or she signed the foregoing document on behalf of said business.

(seal)

Notary Public